

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10787120  
APPLICANT(S)

FILING DATE 02-27-04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3		2				
4		2				
5		2				
6		2				
7	1					
8	1					
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10		2				
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12	1					
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100						
TOTAL IND.	6					
TOTAL DEP.	22					
TOTAL CLAIMS	28					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						